

Mississippi Affidavit In Support Of Reservation Indian Income Exclusion From Mississippi State Income Taxes

Tax Year _____

Route to IIT

Last Name	Your first name & middle initial	Your SSN
Mailing Address (Number & Street, Including Rural Route)		
City	State	Zip
Residence County Code - See Instructions		

Indian Status (Check One)

- (a) I am a Mississippi Choctaw Indian. ☐ Yes ☐ No
- (b) I am a member or am eligible for membership in an Indian Tribe other than the Mississippi Band of Choctaws. ☐ Yes ☐ No **OR**
- Name of Tribe _____

Reservation Residency

- (a) During _____ I lived on the Mississippi Choctaw Indian Reservation for (Check one box ONLY below.)
- ☐ The entire year.
- ☐ Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec (Circle months lived on reservation.)
- ☐ I did not live on the Choctaw Reservation during _____
- (b) My place(s) of residence on the Choctaw Reservation during _____ was (were) located on (Check one or more boxes below.)
- ☐ A tribal housing site lease.
- ☐ A Choctaw housing authority house site.
- ☐ A BIA dormitory or house.

Reservation Income

- (a) During the months I lived on the Choctaw Reservation in _____, I earned the following income from work on the Choctaw Reservation _____.
- (b) My employer(s) for my on-reservation work during _____ was (were) the (Check one or more boxes below.)
- ☐ Mississippi Band of Choctaw Indians.
- ☐ Bureau of Indian Affairs.
- ☐ Indian Health Service, USPHS.
- ☐ Other: _____

Name of Employer

Employer's Phone

Employer's Address

I do hereby claim that the above described earned income falls outside the taxing jurisdiction of the State of Mississippi on the basis of the legal principles established in **McClanahan vs. Arizona Tax Commission**, 411 U.S. 164 (1973).

THIS FORM MUST BE SIGNED. If someone else completed this form, both of you must sign the return. Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief it is true, correct, and complete.

Your Signature

Date

Preparer's Signature

Date

Mail this form and your State Tax Return to:
Office of Revenue
P.O. Box 23050
Jackson, MS 39225-3050